

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Xolair (Omalizumab)

Therapy:

Treatment of moderate to severe persistent asthma who has a positive skin test or in vitro reactivity to a perennial aeroallergen and who symptoms are inadequately controlled with inhaled corticosteroids

Inclusion:

1. Request comes from a pulmonary
2. Patient is ≥ 12 years old
3. Failure of three corticosteroid inhalers with a combination of a beta-agonist and a Leukotriene receptor antagonist
4. Patient test positive to at least one perennial aeroallergen by a skin test or a blood test
5. Failure of antihistamines

Contraindications and Precautions:

Patients with a history of severe hypersensitivity reaction to omalizumab

Medication does not alleviate asthma exacerbations acutely and should not be used for treatment of acute bronchospasm or status asthmaticus

Concomitant corticosteroid use: do not abruptly discontinue systemic or inhaled use of the corticosteroid- must be done under the direct supervision of the physician.

Serum IgE levels: will increase following administration and may persist for one year

Severe reaction-malignancies and anaphylaxis

Pregnancy class: Category B

Authorization:

Three months

Medical Director _____

Date _____